5. No. 2 -4-13-40 5-17-39	DEPARTMENT OF COMMERCE MISSOURI STATE E BURBAU OF THE CENSUS STANDARD CERTIF	· · · · · · · · · · · · · · · · · · ·
PI X23159	Registration District No. 2448 547 Primary Registration District	rict No. 57443029 Registrar's No. 12
RECORD	1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County (1) (c) City or town Manual (1) (c) City or town Manual (1) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
PERMANENT RECOR	(If not in hospital or institution, fits after number or location) (d) Length of stay: In hospital or institution. (Specif whether In this community years, months or days)	(d) Street No. Z M S Mayuroel (If rural, give location) (e) If foreign born, how long in U. S. A.? years.
	3. (a) PRINT William B. Jarman	MEDICAL CERTIFICATION 20. DATE OF DEATH, Month. 746. 5 day
AKE A	3. (b) If veteran, name war. 3. (c) Social Security No	year
INK-MAKE	5. Color or 6. (a) Single, widowed, married. 4. Sex A C race D divorced D D D D D D 6. (b) Name of husband or wife 6. (c) Age of husband or wife if	that I last saw handlive on. 1942 to 5 1942 to 5 1942 and that death occurred on the date and hour stated above.
BLACK 1	7. Birth dat of deceased Month (Day) (Year)	Immediate cause of death
	8. AGE: Years Months Days If less than one day	Due to Operation
UNFADING	9. Birthplace (City, town, or county) (State or foreign country)	Due to Alli
-use	10. Usual occupation function	Other conditions (Include pregnancy within 3 months of death) Major findings: PHYSICIAN
AINLY	13. Birthplace (Cong.) or country) (State ordereign country)	Of operations Underline the cause to which death of autopsy Should be
RITE PLAINLY	15. Birthplace (City, 19wn, or pounts) (State or foreign country)	charged statistically. 22. If death was due to external causes, fill in the following:
WRI	(b) Address Mayrood To P. D. 1.	(a) Accident, suicide, or hopdicide (specify) (b) Date of occurrence (c) Where did injury occur?
	(c) Place: burial or cremation (Burial or cremation	(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
	18. (a) Signature of funeral director AN: Communication (b) Address Maywood Massassi Madden	While work (s) Means of injury
	(Deteroceived local registrar) Sebutte (Registrar's algusture) 1/46 (Licensed Embalmer's Sta	Address

On Ruchmarkon

.

Signed G. M. Chankers

Licensed Embalmer No. 3766

If this body is not embalmed, fact should be so stated above.